

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043525

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233Primary Registration District No. 4346Registrar's No. 134

STATE FILE NUMBER

FILED DEC 4 1962

1. PLACE OF DEATH

a. COUNTY Montgomeryb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Montgomery City

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 325 N. WalkerInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomeryc. CITY
OR
TOWN Montgomery CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
325 N. WalkerReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Charles William Hopkins4. DATE
OF
DEATH Month Day Year
November 27, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
April 14, 18859. AGE (last birthday)
77IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
7 1310a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Funeral Director10b. KIND OF BUSINESS OR INDUSTRY
Funeral11. BIRTHPLACE (City and state or country)
Montgomery City12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John W. Hopkins

13b. MOTHER'S MAIDEN NAME

Elizabeth Worland

14. NAME OF HUSBAND OR WIFE

Mildred Walben Hopkins15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address CITY - MO
Mrs. Mildred Hopkins, Montgomery18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarctionINTERVAL BETWEEN
ONSET AND DEATHsuddenConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Arteriosclerosis5 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-4-58 to Nov 27-62 and last saw ^{her}him alive on Nov 27-62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY
Montgomery City

23d. LOCATION (City, town, or county)

Montgomery City, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Howard F. Myers, Wellsville, Mo11-29-62Laura S Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.